ENTRY BLANK	1/1
PLEASE TYPE OR	PRINT
■ Ms.	
☐ Mr. Artist BA	RBARA UDELSON
Permanent	
Address 323	DO PINETRE
Stre	eet
44124	Daytime Tel. (216) 831
Zip	Area Code
Temporary or Studio Address	
Stre	eet

/ MM vault
1
DELSON SAMSON
(Last Name Last)
ETREE PEPER PIK
26) 831-2632
City
)
the counties of the re you born?

Collaborator \_\_\_\_\_(If Any)

If you do not presently live in one of Western Reserve, in which county we

If May Show entries are not accepted or not sold:

Daytime Tel. (

Area Code

- Artist will pick up at Museum.
- ☐ Museum should dispose of.
- ☐ Museum should ship to artist at artist's expense to this address:

## **Special Instructions**

Zip

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature	1 James

DO NOT DETACH

5/13.